

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B089087	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/23/2014
NAME OF PROVIDER OR SUPPLIER AUTUMN HOME PLUS 2		STREET ADDRESS, CITY, STATE, ZIP CODE 720 NW WALNUT LANE TOPEKA, KS 66617		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS The following citations are the result of an Initial Survey at the above named Home Plus Facility in Topeka, Kansas on 12/23/14.	S 000		
S5085 SS=D	26-42-201 (c) Functional Capacity Screen Reassessment (c) Designated staff shall conduct a screening to determine each resident ' s functional capacity according to the following requirements: (1) At least once every 365 days; (2) following any significant change in condition as defined in K.A.R. 26-39-100; and (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant. This REQUIREMENT is not met as evidenced by: KAR 26-42-201(c) The census equalled three the sample included three Residents. Based on review of record and interview, for one of three sampled (#187), the Operator failed to ensure designated staff conducted a functional capacity screen (FCS) at least once every 365 days. Findings included: - Review of record revealed #187 admitted to facility 01/01/14 with diagnoses of Dementia, Hypertension, Dyslipidemia, Diabetes, Chronic kidney disease Stage III, Pain, and Sexual behaviors. The record contained an FCS dated 11/05/13, identified as "admission" FCS. The medical record lacked any additional FCS. This FCS assessed #187 unable to perform bathing,	S5085		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S5085	Continued From page 1 dressing, mobility, medication and treatment management; in need of physical assistance with toileting, transfers, and eating; with bladder incontinence, impaired communication, falls, impaired vision, impaired decision making, and with memory and cognition impairments. On 12/23/14 at 1:43pm Operator/Licensed Practical Nurse #D stated no other FCS available... I do them annually and he/she not admitted until January... #D then acknowledged the only FCS available completed more than 365 days prior... stated my RN (registered nurse) was supposed to audit charts and tell me if anything due... The Operator failed to ensure designated staff conducted an FCS for #187 at least every 365 days.	S5085		
S5155 SS=E	26-42-204 (a) Health Care Services (a) The administrator or operator in each home plus shall ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement. This REQUIREMENT is not met as evidenced by: KAR 26-42-204(a) The census equalled three the sample included	S5155		

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S5155	<p>Continued From page 2</p> <p>three Residents. The facility assessed all Residents with meal service. Based on observations, interviews, and reviews of record, for one of one sampled with recurrent coughing and choking episodes (#187), the Operator failed to ensure a Licensed nurse provided or coordinated the provision of necessary health care services that met the needs of each Resident.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of record revealed #187 admitted to facility 01/01/14 with diagnoses of Dementia, Hypertension, Dyslipidemia, Diabetes, Chronic kidney disease Stage III, Pain, and Sexual behaviors. <p>The current functional capacity screen (FCS) of 11/05/13 assessed #187 unable to perform bathing, dressing, mobility, medication and treatment management; in need of physical assistance with toileting, transfers, and eating; with bladder incontinence, impaired communication, falls, impaired vision, impaired decision making, and with memory and cognition impairments.</p> <p>The current negotiated service agreement (NSA) documented #187 with bathing assistance, dressing assistance, toileting, transfer, and mobility assistance; and medication/treatment management provided by facility staff. The current NSA of 01/01/14 documented #187 with "regular diet... has trouble swallowing bread - coughs a lot."</p> <p>Resident Care Notes of 5/05/14 described #187 with choking incident... staff performed the Heimlich maneuver when #187 consumed turkey</p>	S5155		

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S5155	<p>Continued From page 3</p> <p>and cheese sandwich... notified Hospice staff and family... "will monitor and provide soft or pureed diet if needed..."</p> <p>The Medical Record lacked documentation of physician contact regarding choking and Heimlich, and lacked a physician's order for change of diet/change of food consistency from Regular to pureed. The NSA and Resident Service Plan lacked documentation of the use of pureed foods and thickened liquids. The medical record lacked a physician's order for consistency of thickened liquids.</p> <p>By interview on 12/23/14 at 9:45am, Operator/Licensed Practical Nurse (LPN) #D stated I believe it is to be nectar consistency... Operator/LPN #D confirmed the medical record lacked a physician's order for thickened liquids... stated #187 on Hospice when admitted, no thickener at that time... (Resident Care Note of 01/13/14 documented Hospice staff "left can of thickener" along with box of gloves and other supplies on 01/13/14).</p> <p>By observation on 12/23/14 at 9:45am, can of "Food Thickener" on kitchen counter.</p> <p>By interview, Direct Care Staff #D described process for mixing thickened liquids... description failed to match the can label directions for preparation.</p> <p>By observation on 12/23/14 at 11:55am, Direct Care staff #G prepared noon meal by placing cooked carrots, all carrot juice, and baked pot pie in a food processor... food blended to a slurry consistency. #187 with loud vocalizations and coughing when eating the noon meal... #G and Operator/LPN #D responded to coughing by telling #187 to slow down and to stop taking more</p>	S5155		

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S5155	<p>Continued From page 4</p> <p>bites of food when coughing... (NSA and Resident Service Plan lacked these interventions).</p> <p>By observation on 12/23/14 at 12:18pm Direct Care Staff #G added one scoop (Tablespoon) to approximately 8 ounces of coffee and stirred with a knife... (label specifically directed to mix one Tablespoon with 4 ounces of liquid, stir with whisk or fork, no spoon)... served to #187... #187 with occasional coughing and loud vocalizations when drinking the coffee.</p> <p>By interview on 12/23/14 at 3:00pm Direct Care Staff #J stated I mix 1 1/2 scoops per Red cup (480cc)... think it's supposed to be Honey consistency... to puree food I add water or milk or bouillon... try to get to applesauce consistency... do not have written directions to follow for puree of food...</p> <p>By observation on 12/23/14 at 4:10pm, Direct Care Staff #J mixed bouillon with green beans and with lasagna, served to #187 in a compartment plate... #187 again coughed and with loud vocalizations when eating this slurry like substance.</p> <p>Review of Resident Care Notes documented additional coughing/choking episodes on 6/13/14, 7/06/14, 8/14/14, 9/02/14, and 11/04/14.</p> <p>By interview on 12/23/14 at 3:00pm Operator/LPN #D and Facility Registered Nurse #F confirmed no order obtained for pureed diet, no directions for preparation of pureed items, no order or directions for thickened liquids... nothing added to the NSA or to the Resident Service Plan... confirmed NSA not signed by Resident or Resident's representative, and current Hospice company not reflected on the NSA.</p>	S5155		

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S5155	Continued From page 5	S5155		
S5171 SS=E	<p>26-42-204 (i) Health Care Services Standards of Practice</p> <p>(i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice.</p> <p>This REQUIREMENT is not met as evidenced by: KAR 26-42-204(i)</p> <p>The census equalled three the sample included three Residents. Based on observations, interviews, and reviews of record, for one of three sampled (#187), the Operator failed to ensure health care services of physician order clarification, order implementation, and negotiated service agreement and Resident service plan documentation, provided to Residents by qualified staff in accordance with acceptable standards of practice.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of record revealed #187 admitted to facility 01/01/14 with diagnoses of Dementia, Hypertension, Dyslipidemia, Diabetes, Chronic kidney disease Stage III, Pain, and Sexual behaviors. <p>The current functional capacity screen (FCS) of 11/05/13 assessed #187 unable to perform</p>	S5171		

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S5171	<p>Continued From page 6</p> <p>bathing, dressing, mobility, medication and treatment management; in need of physical assistance with toileting, transfers, and eating; with bladder incontinence, impaired communication, falls, impaired vision, impaired decision making, and with memory and cognition impairments.</p> <p>The current negotiated service agreement (NSA) of 01/01/14 documented #187 with "regular diet... has trouble swallowing bread - coughs a lot." The current NSA documented #187 with bathing assistance, dressing assistance, toileting, transfer, and mobility assistance; and medication/treatment management provided by facility staff.</p> <p>By observation on 12/23/14 at 9:45am, can of "Food Thickener" on kitchen counter. By interview, Direct Care Staff #D confirmed only Resident to use thickener #187... #D stated I add one scoop to his/her red coffee mug with lid... it is 480cc (cubic centimeters)...</p> <p>By observation and review, can label directed (Nectar consistency) addition of one Tablespoon and one Teaspoon to each "4 ounces (120cc) of water, one Tablespoon to each 4 ounces of juice, milk, coffee." Direct Care Staff #D acknowledged the label directions not followed for thickening of liquids to nectar consistency.</p> <p>By interview on 12/23/14 at 9:45am, Operator/Licensed Practical Nurse (LPN) #D stated I believe it is to be nectar consistency... Operator/LPN #D confirmed the medical record lacked a physician's order for thickened liquids... stated #187 on Hospice when admitted, no thickener at that time...</p>	S5171		

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S5171	<p>Continued From page 7</p> <p>Review of Resident Care Notes revealed Hospice staff "left can of thickener" along with box of gloves and other supplies on 01/13/14.</p> <p>The NSA and Resident Service Plan lacked documentation of the use of thickened liquids, and the medical record lacked a physician's order for consistency of thickened liquids.</p> <p>Resident Care Notes of 5/05/14 described #187 with choking incident... staff performed the Heimlich maneuver when #187 consumed turkey and cheese sandwich... notified Hospice staff and family... "will monitor and provide soft or pureed diet if needed..."</p> <p>The Medical Record lacked documentation of physician contact regarding choking and Heimlich, and lacked a physician's order for change of diet/change of food consistency from Regular to pureed.</p> <p>By observation on 12/23/14 at 11:55am, Direct Care staff #G prepared noon meal by placing cooked carrots, all carrot juice, and baked pot pie in a food processor... food blended to a slurry consistency. #187 with loud vocalizations and coughing when eating the noon meal... #G and Operator/LPN #D responded to coughing by telling #187 to slow down and to stop taking more bites of food when coughing... (NSA and Resident Service Plan lacked these interventions)</p> <p>By observation on 12/23/14 at 12:18pm Direct Care Staff #G added one scoop (Tablespoon) to approximately 8 ounces of coffee and stirred with a knife... (label specifically directed to stir with whisk or fork, no spoon)... served to #187... #187 with occasional coughing and loud vocalizations when drinking the coffee.</p>	S5171		

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S5171	Continued From page 8 By interview on 12/23/14 at 3:00pm Direct Care Staff #J stated I mix 1 1/2 scoops per Red cup (480cc)... think it's supposed to be Honey consistency... to puree food I add water or milk or bouillon... try to get to applesauce consistency... do not have written directions to follow for puree of food... By interview on 12/23/14 at 3:00pm Operator/LPN #D and Facility Registered Nurse #F confirmed no order obtained for pureed diet, no directions for preparation of pureed items. The Operator failed to ensure health care services of physician order clarification, order implementation, and negotiated service agreement and Resident service plan documentation, provided to #187 by qualified staff in accordance with acceptable standards of practice.	S5171		
S5300 SS=F	26-42-205 (d) (1-2) Facility Administration of Medications (d) Home administration of resident ' s medications. If a home is responsible for the administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the following are met: (1) Only licensed nurses and medication aides shall administer and manage medications for which the home has responsibility. (2) Medication aides shall not administer	S5300		

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S5300	<p>Continued From page 9</p> <p>medication through the parenteral route.</p> <p>This REQUIREMENT is not met as evidenced by: KAR 26-42-205(d)</p> <p>The census equalled three the sample included three Residents. The facility identified all Residents with facility managed medications. Based on reviews of records and interviews, for three of three sampled (#189, #187, and #185), the Operator failed to ensure all medications and biologicals administered to Residents in accordance with written medical care provider orders, and in accordance with professional standards of practice.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of record revealed #189 admitted to facility 9/23/14 with diagnoses of Dementia, Alzheimer's, Hypertension, Hyperlipidemia, Anger issues, Arteriosclerotic heart disease, and Manic Depression. <p>The current functional capacity screen (FCS) of 8/27/14 assessed #189 unable to perform medication and treatment management.</p> <p>The negotiated service agreement (NSA) of 9/23/14 documented facility staff to set up and dispense medications.</p> <p>Comparison of the December 2014 MAR (medication administration record) with written physician's orders revealed discrepancies:</p> <p>MAR contained order for Milk of Magnesia (MOM) 30cc (cubic centimeters) po (by mouth) BID (twice daily) if no stool in 3 days</p>	S5300		

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S5300	<p>Continued From page 10</p> <p>(constipation). The medical record lacked a signed physician's order for this medication. The November 2014 MAR documented administration of the medication on 11/22/14 at 0800.</p> <p>On 12/23/14 at 1:24pm Operator/Licensed Practical Nurse (LPN) #D stated I don't have a signed order in the chart... it may be in the "to file pile at the office"...</p> <p>The Operator failed to ensure all medications and biologicals administered to #189 in accordance with written medical care provider orders and in accordance with professional standards of practice.</p> <p>- Review of record revealed #187 admitted to facility 01/01/14 with diagnoses of Dementia, Hypertension, Dyslipidemia, Diabetes, Chronic kidney disease Stage III, Pain, and Sexual behaviors.</p> <p>The current functional capacity screen (FCS) of 11/05/13 assessed #187 unable to perform medication and treatment management.</p> <p>The current negotiated service agreement (NSA) of 9/23/14 documented facility staff to administer medications.</p> <p>Comparison of the December 2014 MAR (medication administration record) with written physician's orders revealed written, signed, medical care provider's orders lacking for the following medications:</p> <p>Metoprolol ER 50mg (milligrams) daily Aspirin 81mg daily Finasteride 5mg daily Allopurinol 300mg daily Citalopram 40mg daily</p>	S5300		

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S5300	<p>Continued From page 11</p> <p>Acetaminophen 325mg two tabs every 4-6 hours as needed for pain Exelon 9.5mg/24 hours one patch on daily, remove old patch before placing the new one</p> <p>On 12/23/14 at 2:20pm, Operator/Licensed Practical Nurse (LPN) #D and Registered Nurse #F stated we don't have signed orders in the chart... no signed orders when admitted in January 2014... Hospice at the time had orders from when he/she was at home... in June 2014 changed physician, but no written signed orders from that time on...</p> <p>The Operator failed to ensure all medications and biologicals administered to #187 in accordance with written medical care provider orders and in accordance with professional standards of practice.</p> <p>- Review of record revealed #185 admitted to facility 11/19/14 with diagnoses of Dementia, Agitation, Sundowning, Self endangerment, and Care intolerance. The current functional capacity screen of 11/17/14 assessed #185 unable to perform medication and treatment management. The negotiated service agreement of 11/19/14 documented facility staff to administer medications. Comparison of the December 2014 MAR (medication administration record) with written physician's orders revealed discrepancies:</p> <p>MAR contained order for Acetaminophen 325mg two tabs po (by mouth) every 6 hours PRN (as needed); written physician's order of 11/19/14 directed "for Headache or temperature above 101.5 degrees Fahrenheit.</p>	S5300		

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S5300	<p>Continued From page 12</p> <p>MAR contained order for Olonzapine 5mg (milligrams) tablet 1/2 tablet as needed for agitation: written physician's order of 11/19/14 directed Olonzapine 5mg tablet 1/2 tablet every HS (bedtime) as needed for agitation (administered 12/10/14 at 1450)</p> <p>MAR contained order Milk of Magnesia 30cc (cubic centimeters) po (by mouth) daily (constipation); medical record lacked this order</p> <p>MAR contained order for Bisacodyl Dulcolax suppository one rectally 10mg (constipation); medical record lacked this order</p> <p>On 12/23/14 at 12:39pm, Operator/Licensed Practical Nurse (LPN) #D stated bed time is usually 2000... On 12/23/14 at 12:42pm #D stated no signed orders for these in medical record.</p> <p>The Operator failed to ensure all medications and biologicals administered to #185 in accordance with written medical care provider orders and in accordance with professional standards of practice.</p>	S5300		